



County of San Bernardino
Office of the District Attorney
MICHAEL A. RAMOS, District Attorney

CHILD ABDUCTION UNIT

CALIFORNIA PENAL CODE 278.7 "GOOD CAUSE" STATEMENT

In absence of a court order determining rights of custody, a person (having a right of custody of the child/ren) who takes, conceals or detains a child claiming this action was necessary to protect the "child/ren" from immediate bodily injury or emotional harm, **SHALL** file a report with the **District Attorney's Office** (within 10 days of the taking) and **SHALL** file a **request for custody (with the courts)** in the **jurisdiction** where the **"child/ren" had been living (within 30 days of the taking)**, setting for the basis for the immediate bodily injury or emotional harm to the "child/ren". **THIS FORM IS STRICTLY CONFIDENTIAL. INFORMATION CANNOT BE DIVULGED WITHOUT AN ORDER FROM THE COURT, AND MUST BE COMPLETED BY THE REPORTING PARTY (ABUSED PERSON). THIS FORM DOES NOT CHANGE OR ESTABLISH CUSTODY.**

PERSON WHO HAS THE CHILD/REN (PHYSICALLY) (PLEASE PRINT)

NAME: _____
Last First Middle (maiden or aka)

FORMER ADDRESS: _____ ZIP: _____
CITY/STATE

PHONE HOME: _____ WORK: _____ MESSAGE: _____

ADDRESS WHERE CHILD/REN IS OR WILL BE CONCEALED UNTIL THE COURT HEARING: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ MALE _____ FEMALE _____

HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY # _____

RELATIONSHIP TO CHILD/REN: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

NAME OF ATTORNEY: _____ PHONE: _____

EMPLOYER (OR LAST EMPLOYER) NAME: _____

ADDRESS: _____ ZIP: _____ PHONE: _____
CITY/STATE

Has Child Protective Services ever been involved: YES _____ NO _____

Name of CPS Worker: _____ County: _____ Phone: _____

Have you ever been arrested: (Charge, City and Date: _____

Have you ever been charged or investigated for a crime against or involving a child/ren (child abuse, child neglect? Date, charge, city, etc.): _____

ARE THERE ANY PREVIOUS OR CURRENT CUSTODY ORDERS RELATED TO THE CHILDREN LISTED BELOW? IF YES, STATE/COURT/CASE NUMBER _____

CHILDREN INFORMATION

1. NAME: _____ DATE OF BIRTH: _____
MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____
DOCTOR: _____ PHONE: (____) _____
2. NAME: _____ DATE OF BIRTH: _____
MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____
DOCTOR: _____ PHONE: (____) _____
3. NAME: _____ DATE OF BIRTH: _____
MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____
DOCTOR: _____ PHONE: (____) _____
4. NAME: _____ DATE OF BIRTH: _____
MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____
DOCTOR: _____ PHONE: (____) _____
5. NAME: _____ DATE OF BIRTH: _____
MALE: _____ FEMALE: _____ AGE: _____ LAST SCHOOL ATTENDED: _____
DOCTOR: _____ PHONE: (____) _____

NOTE: IF LISTING MORE THAN FIVE CHILDREN, ATTACH AN ADDITIONAL SHEET

PERSON FROM WHOM THE CHILD/REN IS BEING TAKEN, DETAINED OR CONCEALED

NAME: _____
LAST FIRST MIDDLE (aka)
ADDRESS: _____
CITY/STATE ZIP
PHONE: (HOME) _____ WORK: _____ MESSAGE: _____
DATE OF BIRTH: _____ AGE: _____ RACE: _____ MALE: _____ FEMALE: _____
HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____ SOCIAL SECURITY #: _____
DRIVERS' LICENSE NUMBER: _____ STATE: _____

Describe any arrests, investigations by police or Child Protective Services where this person is accused of any crime against or involving children. (**Dates, city, agency involved, etc.**) _____

Arrest for other crimes: _____

Have you filed for or are there any current Restraining Orders (TRO) related to any of the parties? If yes, court and case number _____

THIS PORTION MUST BE FILLED OUT COMPLETELY:

Describe in **detail** the bodily injury or emotional harm that threatened the child/ren: _____

ANY PERSON WHO SIGNS THIS STATEMENT AND WHO WILLFULLY STATES AS TRUE ANY MATERIAL MATTER WHICH HE KNOWS TO BE FALSE IS SUBJECT TO THE CRIMINAL PENALTIES PRESCRIBED BY LAW FOR PERJURY.

I DECLARE UNDER PENALTY OF PERJURY THE INFORMATION ON THIS FORM - ALL THREE PAGES – IS TRUE AND CORRECT.

EXECUTED AT _____, _____
(CITY) (STATE)

Date

Signature of reporting party (victim)

Date

ADVOCATE/INVESTIGATOR/INV. ASST.
Signature of person who explained and/or assisted
in the completion of this form

(please print name)

IF MORE SPACE IS NEEDED TO ANSWER ANY OF THE QUESTIONS, PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER.